



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Damage Control & Restoration Contractor Homeowner Tenant
 Primary Contact: ARON WISLHAM Phone: 913-961-4719 Email: ARON@DCRETC.COM

Project Address: 100 SW MEADOWBROOK DR
 Name of Owner: YARA MUELLER Phone: 816-213-2446
 Residential Commercial

Check all that Apply

Water service Repair Replace Work in right of way?
 Sewer service Repair Replace Work in right of way?
 Electrical service Repair Replace Amperage: _____ (Engineer required of ≥ 400)
 HVAC Repair Replace
 Uncovered deck: Covered deck: Square Feet: _____
 Accessory Structure: Description: _____ Square feet _____
 Interior Alterations: Description: _____ Square feet _____
 Addition: Description: _____ Square feet _____
 Retaining wall over 48"
 Swimming pool Electrical contractor _____ Plumber (NG?) _____
 Lawn irrigation
 Other: Cost of project including labor \$ 15,634.⁴⁹

Detailed description of work:

REMOVE BRYANT IN GARAGE, REPLACE OVERHEAD DOORS, REPLACE INSULATION IN GARAGE WALLS, ATTIC INSULATION REPLACED

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.

ARON WISLHAM DCRC
 Signature of Applicant

ARON WISLHAM
 Printed Name of Applicant

8/9/2022
 Date